

**2010 PETROLEUM PRODUCTS VENDOR REGISTRATION**

STATE OF CONNECTICUT - OFFICE OF POLICY &amp; MANAGEMENT

POLICY DEVELOPMENT and PLANNING DIVISION

MS#52ENR

450 CAPITOL AVE.

HARTFORD, CT 06106-1379

Tel.: (860) 418-6232 Fax: (860) 418-6495

FOR OFFICE USE  
ONLY

VENDOR #

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AFFL

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Who must file: Any person engaged in the wholesale or retail sale, or both, of petroleum products in this state or any person engaged in the wholesale sale of petroleum products for consumption in this state and who sells at least one million total gallons of such products annually or any person engaged in the operation of a petroleum product storage terminal shall register with the secretary not later than September thirtieth of each year or within thirty days of commencing operations in the state by such person. Note: Vendors who only sell retail gasoline need not register.

**IF YOU THINK THAT YOU DO NOT HAVE TO REGISTER, FILL OUT SECTION I, CHECK THE APPROPRIATE BOXES BELOW SIGNIFYING WHY YOU SHOULD NOT HAVE TO REGISTER, SIGN THE REGISTRATION ON PAGE 6, AND RETURN THE FORM TO THE ABOVE ADDRESS.**

ANY PERSON REQUIRED TO REGISTER WHO FAILS TO DO SO BY SEPTEMBER 30, 2010, IN  
ACCORDANCE WITH CGS 16a-22d THROUGH 22g, SHALL BE SUBJECT TO PENALTIES.  
FILING DEADLINE IS SEPTEMBER 30, 2010

**SECTION I: REGISTRANT INFORMATION**

This section must be completed. Print or type the registrant's legal business name and mailing address. A contact person must be listed in the event that we need to contact you concerning this form. Also, fill in the registrant's federal employee identification number or owner's social security number as applicable.

**LEGAL BUSINESS NAME OF VENDOR****E-MAIL ADDRESS****BUSINESS MAILING ADDRESS - Number & Street and/or P.O. Box****CITY OR TOWN****STATE****ZIP CODE (Include Plus4 if known)****BUSINESS PHONE NUMBER****BUSINESS FAX NUMBER****CONTACT PERSON - Last name****First name****FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**

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**OR****SOCIAL SECURITY NUMBER OF OWNER**

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**TYPE OF BUSINESS (Check only one)**☐ PARTNERSHIP☐ CORPORATION☐ OTHER☐ SOLE  
PROPRIETORSHIP

EXPLAIN \_\_\_\_\_

**WE DO NOT HAVE TO REGISTER BECAUSE:**☐ SELL LESS THAN ONE MILLION TOTAL GALLONS **AND**  
DO NOT OWN OR OPERATE A PETROLEUM PRODUCT  
STORAGE TERMINAL IN CONN.☐ OTHER \_\_\_\_\_☐ **PLACE AN 'X' HERE IF YOU ARE NO LONGER IN BUSINESS**

DATE ON WHICH YOU CEASED OPERATIONS: \_\_\_\_\_

IF APPLICABLE, NAME AND ADDRESS OF PURCHASER OF REGISTRANT'S ASSETS:

NAME OF  
PURCHASER  
ADDRESS OF  
PURCHASER  
CITY, STATE, ZIP OF  
PURCHASER**REMEMBER TO SIGN THE REGISTRATION FORM ON PAGE 6!**

**SECTION II: COMPANY OFFICERS AND OWNERS**

*This section must be completed. List the names of all officers and owners. Attach additional pages if needed.*

01	_____ LAST NAME	_____ FIRST NAME	_____ TITLE
02	_____ LAST NAME	_____ FIRST NAME	_____ TITLE
03	_____ LAST NAME	_____ FIRST NAME	_____ TITLE
04	_____ LAST NAME	_____ FIRST NAME	_____ TITLE
05	_____ LAST NAME	_____ FIRST NAME	_____ TITLE
06	_____ LAST NAME	_____ FIRST NAME	_____ TITLE

**SECTION III: DBA'S, TRADE NAMES, BRANCH OFFICES**

*List the names and all locations used by the registrant to conduct petroleum-related business within Connecticut (or for the Connecticut market). Examples of names to be listed in this section are trade names, dba's (doing business as), and division names. Do not list names of affiliated companies ( see Section IV below). Attach additional pages if necessary.*

01	NAME: _____	FOR OFFICE USE ONLY	
	ADDRESS: _____		
	CITY/TOWN: _____	STATE: _____	ZIP CODE: _____
	PHONE: _____	FOR OFFICE USE ONLY	
02	NAME: _____		
	ADDRESS: _____		
	CITY/TOWN: _____	STATE: _____	ZIP CODE: _____
	PHONE: _____	FOR OFFICE USE ONLY	
03	NAME: _____		
	ADDRESS: _____		
	CITY/TOWN: _____	STATE: _____	ZIP CODE: _____
	PHONE: _____		

**REMEMBER TO SIGN THE REGISTRATION FORM ON PAGE 6!**

## SECTION IV: AFFILIATE INFORMATION

☐ PLACE AN 'X' IN THE APPROPRIATE BOXES BELOW IF ANY OF THE FOLLOWING RELATIONSHIPS EXIST BETWEEN THE REGISTRANT AND ANY OTHER COMPANY THAT SELLS PETROLEUM PRODUCTS AND/OR IS ENGAGED IN THE OPERATION OF A PETROLEUM PRODUCT TERMINAL IN CONNECTICUT.

- A** The registrant owns or is owned, in whole or in part, by another company  
**B** The registrant has one or more officers and/or owners in common with another company  
**C** The registrant owns facilities and/or equipment in common with another company  
**D** The registrant engages in common operations and/or joint ventures with another company  
**E** The registrant's activities are controlled by another company

IF THE REGISTRANT HAS ANY OF THE ABOVE RELATIONSHIPS WITH OTHER BUSINESS ENTITIES THAT SELL PETROLEUM PRODUCTS OR ENGAGE IN THE OPERATION OF A PETROLEUM PRODUCT TERMINAL IN CONNECTICUT, LIST THE NAMES AND ADDRESSES OF ALL SUCH AFFILIATED COMPANIES. NOTE THAT EACH AFFILIATED COMPANY THAT EITHER SELLS ONE MILLION OR MORE GALLONS OF PETROLEUM PRODUCTS OR EITHER OWNS OR OPERATES A PETROLEUM STORAGE FACILITY, MUST ALSO SUBMIT A SEPARATE REGISTRATION FORM.

**EXCEPTION:** PETROLEUM VENDORS OR AFFILIATED COMPANIES WHO SELL ONLY GASOLINE AT RETAIL NEED NOT REGISTER.

01	NAME OF AFFILIATE COMPANY <hr/> ADDRESS OF AFFILIATE COMPANY <hr/> CITY/TOWN <span style="margin-left: 150px;">STATE</span> <span style="margin-left: 50px;">ZIP CODE</span>	FOR OFFICE USE ONLY <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BUSINESS PHONE NUMBER <hr/>
TYPE OF AFFILIATION: (See description of affiliations above) <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/>		
02	NAME OF AFFILIATE COMPANY <hr/> ADDRESS OF AFFILIATE COMPANY <hr/> CITY/TOWN <span style="margin-left: 150px;">STATE</span> <span style="margin-left: 50px;">ZIP CODE</span>	FOR OFFICE USE ONLY <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BUSINESS PHONE NUMBER <hr/>
TYPE OF AFFILIATION: (See description of affiliations above) <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/>		
03	NAME OF AFFILIATE COMPANY <hr/> ADDRESS OF AFFILIATE COMPANY <hr/> CITY/TOWN <span style="margin-left: 150px;">STATE</span> <span style="margin-left: 50px;">ZIP CODE</span>	FOR OFFICE USE ONLY <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BUSINESS PHONE NUMBER <hr/>
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PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

**REMEMBER TO SIGN THE REGISTRATION FORM ON PAGE 6!**

**SECTION V: SALES OF PETROLEUM PRODUCTS**

*This section must be completed.*

*Use the following definitions when completing this section.*

**Wholesale sales are sales made to resellers only.**

**Retail sales are all sales made to the consumer or end-user.**

**All residential sales are also retail sales (so fill in the retail box too!). Residential sales are sales made to consumers for use in their homes. This includes sales to multi-family homes, apartment complexes, and condo associations.**

*Report the total gallons sold for sales in Connecticut or for consumption in Connecticut from July 1, 2009 through June 30, 2010, for each petroleum product that you sell.*

**Do not report decimals or fractions of gallons sold.**

*For instance, do not report 2,125,000.3 gallons; instead, report 2,125,000 gallons.*

PRODUCT	WHOLESALE								RETAIL								RESIDENTIAL							
	GALLONS								GALLONS								GALLONS							
KEROSENE																								
#2 FUEL OIL																								
DIESEL FUEL (NO. 1-D, NO. 2-D)																								
#4 FUEL OIL																								
#6 FUEL OIL (RESIDUAL FUEL)																								
LPG (PROPANE, BUTANE, AND PROPANE/BUTANE MIXES)																								
AVIATION GASOLINE (ALL SPECIAL GRADES OF GASOLINE FOR USE IN AVIATION RECIPROCATING ENGINES)																								
KEROSENE-TYPE JET FUEL																								
WHOLESALE GASOLINE SALES									(NOTE: DO <u>NOT</u> REPORT RETAIL GASOLINE SALES)															

**REMEMBER TO SIGN THE REGISTRATION FORM ON PAGE 6!**

**SECTION VI: CONNECTICUT PETROLEUM STORAGE FACILITIES**

**IF YOU OWN OR OPERATE A PETROLEUM PRODUCTS STORAGE FACILITY  
IN CONNECTICUT PLEASE FILL OUT THE FOLLOWING SECTION**

**STORAGE LOCATION (1)**

STREET &amp; NO.

CITY/TOWN

TYPES OF FUEL STORED

OPERATING CAPACITY OF TANK (GALS)

**STORAGE LOCATION (2)**

STREET &amp; NO.

CITY/TOWN

TYPES OF FUEL STORED

OPERATING CAPACITY OF TANK (GALS)

*Attach additional pages if necessary.***SECTION VII: PURCHASING INFORMATION**

If any petroleum product **RETAIL SALES** were reported on page 4, list the name, address, and phone number of every company from which you purchased petroleum products for the period of July 1, 2009, through June 30, 2010. Registrants who reported only wholesale gallons on page 5 need not complete this part. Attach additional pages if needed. **There is space for an additional three entries on page 6.**

01 NAME OF SUPPLIER

FOR OFFICE USE ONLY

ADDRESS OF SUPPLIER

CITY/TOWN

STATE

ZIP CODE

PHONE #

PRODUCT(S) PURCHASED

02 NAME OF SUPPLIER

FOR OFFICE USE ONLY

ADDRESS OF SUPPLIER

CITY/TOWN

STATE

ZIP CODE

PHONE #

PRODUCT(S) PURCHASED

03 NAME OF SUPPLIER

FOR OFFICE USE ONLY

ADDRESS OF SUPPLIER

CITY/TOWN

STATE

ZIP CODE

PHONE #

PRODUCT(S) PURCHASED

**REMEMBER TO SIGN THE REGISTRATION FORM ON PAGE 6!**

04	NAME OF SUPPLIER					FOR OFFICE USE ONLY				
	ADDRESS OF SUPPLIER									
	CITY/TOWN			STATE	ZIP CODE	PHONE #				
	PRODUCT(S) PURCHASED									
05	NAME OF SUPPLIER					FOR OFFICE USE ONLY				
	ADDRESS OF SUPPLIER									
	CITY/TOWN			STATE	ZIP CODE	PHONE #				
	PRODUCT(S) PURCHASED									
06	NAME OF SUPPLIER					FOR OFFICE USE ONLY				
	ADDRESS OF SUPPLIER									
	CITY/TOWN			STATE	ZIP CODE	PHONE #				
	PRODUCT(S) PURCHASED									

**SECTION VIII: CERTIFICATION STATEMENT**

**This section must be completed. Unsigned registrations will not be considered valid and will be returned. In accordance with CGS 16a-22g through 22g, any person who fails to register by September 30, 2010, shall be subject to penalties.**

I do hereby certify that, under penalties for false statements, under Section 531-157 of the Connecticut General Statutes, that the information contained herein has been examined by me and to the best of my knowledge and belief is complete and accurate. Furthermore, to the extent permitted by state law, I hereby request that the information contained herein be treated as confidential by the State of Connecticut.

\_\_\_\_\_  
**Name of signer (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**DATE**

WOULD YOU LIKE TO BE ABLE TO ACCESS THIS FORM ON LINE?

YES ☐ NO ☐

WOULD YOU LIKE TO BE ABLE TO ACCESS THIS FORM ON LINE **AND ALSO**  
 BE ABLE TO FILL OUT THIS FORM ON LINE?

YES ☐ NO ☐

**THE REGISTRATION FORM MUST BE SIGNED TO BE CONSIDERED VALID. 'UNSIGNED FORMS WILL BE RETURNED. ANY PERSON WHO FAILS TO REGISTER BY SEPTEMBER 30, 2010, IN ACCORDANCE WITH CGS 16a-22d THROUGH 22g, SHALL BE SUBJECT TO PENALTIES.**